RFA DP06-601 Logic Model

INPLITS OF NGOS

Establish and maintain appropriate and qualified staff

Participate in DASHsponsored conferences and funded partner meetings

Nationwide structure in place

Capacity to reach selected societal target institutions that influence adolescent behavior:

- -- Parents and families
- -- Schools
- -- SEAs and LEAs -- SHAs and LHAs
- -- YSOs
- -- Health care providers

GOAL

Strengthen and increase

organizations to improve

and well-being of young

the health, education,

the capacity of schools

and youth-serving

people.

- -- IHEs
- -- FBOs

ACTIVITIES OF NGOs

Review the status of constituent needs

Provide resources and tools (particularly existing resources) on health services and school and communitybased services, programs, and policies

Build organizational and staff capacity:

- -- Coalition/collaboration
- -- Staff competencies

Collaborate with national. federal, state, local, and other partners

OUTPUTS OF NGOs:

Develop needed, theoretically justified or research-driven. non-duplicative materials

Disseminate and promote use of existing, effective materials

Provide Professional Development opportunities

Provide individual and group technical assistance

Increased capacity to use existing evaluation and surveillance data

OUTPUTS OF SOCIETAL INSTITUTIONS:

Coalition/collaborative agreements (MOUs/MOAs) and action plans internally and with external partners

Coordinated activities, use of funds, and resources

Leverage use of funds and resources

Increased capacity to use existing evaluation and surveillance data

SHORT-TERM EFFECTS/OUTCOMES OF SOCIETAL INSTITUTIONS

Strengthen and increase the capacity of selected societal institutions to:

- -- Establish, implement, and promote policies, programs, and services likely to be effective in improving the health and social competencies of youth
- -- Establish and implement all elements of coordinated school health programs
- -- Reach youth most affected by health risks with effective, culturally appropriate strategies to reduce health disparities
- -- Engage in coalitions and collaborations that further their ability to reach those at need with effective policies, programs, and services
- -- Use existing youth surveillance and evaluation data to plan and implement programs, services, and policies
- -- 1 staff competencies to develop, implement, maintain. and promote effective health programs and policies and classroom management
- -- 1 training and qualifications of YSO and CSHP staff in pre-service and inservice professional development contexts HIV:
- -- Establish and implement programs, services, and referrals for HIV+ vouth in school and community settings
- -- Integration of STD and unintended pregnancy services, programs, and referrals

School Health Education Profiles: SHPPS

INTERMEDIATE EFFECTS/OUTCOMES OF SOCIETAL INSTITUTIONS

Strengthen and increase the implementation within schools and communities of

- -- Effective policies at the state, district, and community levels
- -- Effective programs, curricula, and services
- -- Highly qualified district school health coordinators
- -- District-level School Health Councils
- -- District health promotion programs for school staff
- --School-level health teams
- --School improvement plans including
- -- Parents' ability to reinforce healthy and positive behaviors in their children.
- --Community involvement in programs and services including parents, families, vouth and a variety of community partners
- --YSO health promotion programs for YSO staff

ASTHMA:

- --↑ % schools with a full-time registered nurse all day, every day
- --↑ % schools educating school staff about asthma
- --↑ % schools allowing students to carry asthma inhalers
- --↑ % schools and students with asthma action plans
- --↑ % of schools with a tobacco-free environment policy consistent with CDC guidelines

School Health Education Profiles; SHPPS

EFFECTS/OUTCOMES OF SOCIETAL INSTITUTIONS

HIV:

LONG-TERM

- 1% vouth who have never had sex
- 1 % youth who are currently abstaining from sex 1% youth using condoms at last intercourse
- ↑ % youth receiving HIV prevention education

PANT:

1% of students who have never smoked

- ↓Current use of cigarettes or other tobacco products
- ↓ % overweight youth 1% youth consuming 5 or
- more daily servings of fruits or vegetables 1% of youth engaged in
- moderate and vigorous physical activity at recommended levels

ASTHMA:

- ↓ school days missed because of asthma
- 1. % of students with diagnosed asthma who report any episodes or attacks in the previous vear

ALL PRIORITIES:

- †Connectedness of youth to schools, communities, and families
- ↓ Health outcome disparities among youth

YRBS: YTS

Data source to document accomplishment

Process evaluation data